

UNITED STATES DISTRICT COURT
for the
Eastern District of Virginia

THE MEDICAL SOCIETY OF VIRGINIA

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Plaintiff(s)

Civil Action No. 3:24-CV-311

v.

SAFE HAVEN BEHAVIORAL HEALTH &
WELLNESS, LLC; SAFE HAVEN E-BEHAVIORAL
HEALTH, LLC; SAFE HAVEN BEHAVIORAL
HEALTH, LLC; and GIOVANNI PASCAL PIERRE,

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Defendant(s)

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SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SAFE HAVEN BEHAVIORAL HEALTH & WELLNESS, LLC
c/o Registered Agents Inc., Reg. Agent
7901 4th St. N., Suite 300, St. Petersburg, FL 33702
OR
c/o Cloud Peak Law, LLC, Reg. Agent
1095 Sugar View Dr., Suite 500
Sheridan, WY 82801

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

John S. Buford
Hancock, Daniel & Johnson, P.C.
4701 Cox Rd., Suite 400
Glen Allen, VA 23060

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

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Civil Action No. 3:24-CV-311

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

- I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or
- I left the summons at the individual's residence or usual place of abode with *(name)* _____,
a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or
- I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or
- I returned the summons unexecuted because _____; or
- Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: